2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DCCUMENT #761068**

FILED Jun 14, 2005 8:00 am Secretary of State

1. Entity Name CHRISTOPHER PLAZA CONDOMINIUM ASSOCIATION, INC.									06	5-14-200	5 9 00	001 01	3 ****61.	25	
1736 S.W. 19 ST. 173				ing Address 36 S.W. 19 ST. MI, FL 33145											
Principal Place of Business 3. Mailing Address															
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				021020	05 (Chg-NP		CR2E	037 (10/03)	
City & State			Cit	City & State				4. FEI Number 65-0192709						Applied I Not Appl	
Zip Country			Zip		untry	5. Certificate of Status D				us Desired					
6. Name and Address of Current Registered Agent								7. Name	and Ad	idress of N	lew Re	gistere	d Agent		
WILLIAMS	KELLEY	•				Name									
WILLIAMS, KELLEY 1736 S.W. 19 ST. #303						Street Address (P.O. Box Number is Not Acceptable)									
MIAMI, FL	33145					City							■ Zip C	nde	
8. The above named entity submits this statement for the purpose of changing its registered office of							registere	ed agent, o	r both, i	in the State	of Flor	F ida. Lar	┗┆		ccept
the obligat	tions of regist	tered agent.													·
0.0147.105															_
SIGNATURE .	Signature, typed	or printed name of registered as	gent and title if app	licable. (NOT	E: Registere	d Agent signatu	re required	when reinstating	g)	-		DATE			
SIGNATURE	Filing Fe	e or printed name of registered as the is \$61.25 May 1, 2005	gent and title if app	9. Election Car Trust Fund (mpaign F	inancing		\$5.00 M. Added to F	av Be			ke che	ck payable artment of		
10.	Filing Fe Due by M	e is \$61.25		9. Election Car	mpaign F	inancing		\$5.00 M Added to F	ay Be ees	GES TO OF	Floric	ke che ta Dep	ck payable	State	
10.	Filing Fe	pe is \$61.25 May 1, 2005 OFFICERS AND		9. Election Car	mpaign F Contribut	inancing ion.		\$5.00 M Added to F	ay Be ees /CHAN		Floric	ke che ta Dep	ck payable artment of	State IN 10	Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach meet without address, with all other like empowered.

SIGNATURE: